

State: Arkansas **Filing Company:** American General Life Insurance Company
TOI/Sub-TOI: H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment
Product Name: Accident Care Direct Plus
Project Name/Number: Accident Care Direct Plus/

Filing at a Glance

Company: American General Life Insurance Company
Product Name: Accident Care Direct Plus
State: Arkansas
TOI: H03I Individual Health - Accidental Death & Dismemberment
Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment
Filing Type: Form/Rate
Date Submitted: 08/21/2012
SERFF Tr Num: AMGN-128621327
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 12100 - ACCIDENT CARE DIRECT PLUS

Implementation: On Approval
Date Requested:
Author(s): Karyn Enriquez
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 09/07/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment
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Filing Company: American General Life Insurance Company

General Information

Project Name: Accident Care Direct Plus
Project Number:
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Karyn Enriquez

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Filed concurrently in our domicile state of Texas.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 09/07/2012
State Status Changed: 09/07/2012
Created By: Karyn Enriquez
Corresponding Filing Tracking Number:

Filing Description:
NEW FORM FILING
AMERICAN GENERAL LIFE INSURANCE COMPANY
NAIC # 012-60488 FEIN # 25-0598 210

12100 Accidental Death and Dismemberment Policy
12100-OLC Outline of Coverage

The above captioned forms, in final print, are being submitted for your consideration and approval. They do not replace any forms previously approved by your department. Variable information is indicated in brackets.

Form 12100 is an individual Accidental Death and Dismemberment policy that is guaranteed issue until the age of 80. The form will be sold to individual insurance consumers by direct marketing through agents, brokers and directly by the company. Since this policy is guaranteed issue, no health questions or applications are used. The Incontestable, Entire Contract and Reinstatement provisions also reflect the guaranteed issue nature of the policy in that the policy is incontestable from its date of issue as to any representation made in connection with the issuance or reinstatement of the policy. The policy is guaranteed renewable for life and provides a lump sum benefit in the event an insured suffers a loss as defined in the policy, subject to the policy exclusions and reductions. It will be issued on a unisex basis. Benefits will automatically reduce by 50% on the policy anniversary following the insured's attainment of age 70, or, after 5 years from the effective date, whichever provides the longer period of coverage.

The Flesch readability scores for the referenced forms are indicated on the Forms Schedule tab for each form.

Included in this filing is an Outline of Coverage for the policy form and an Actuarial Memorandum with rates for the policy form.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed forms, including sequential ordering of the provisions, and the type font, size (no less than ten point) and color.

If you have any questions, please feel free to contact me.

Company and Contact

Filing Contact Information

Karyn Enriquez, karyn.enriquez@aglife.com

SERFF Tracking #: AMGN-128621327 State Tracking #:

Company Tracking #: 12100 - ACCIDENT CARE
DIRECT PLUS

State: Arkansas **Filing Company:** American General Life Insurance Company
TOI/Sub-TOI: H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment
Product Name: Accident Care Direct Plus
Project Name/Number: Accident Care Direct Plus/
2929 Allen Parkway 713-831-2219 [Phone]
Mail Stop A38-40 713-342-7550 [FAX]
Houston, TX 77019

Filing Company Information

American General Life Insurance Company
2727-A Allen Parkway
Houston, TX 77019
(713) 831-3508 ext. [Phone]

CoCode: 60488
Group Code: 12
Group Name: AIG
FEIN Number: 25-0598210

State of Domicile: Texas
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: AR Filing Fee - \$50.00 per form
2 Forms = \$100.00
Per Company: No

Company	Amount	Date Processed	Transaction #
American General Life Insurance Company	\$100.00	08/21/2012	61882823

State:	Arkansas	Filing Company:	American General Life Insurance Company
TOI/Sub-TOI:	H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment		
Product Name:	Accident Care Direct Plus		
Project Name/Number:	Accident Care Direct Plus/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/07/2012	09/07/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/22/2012	08/22/2012

Response Letters

Responded By	Created On	Date Submitted
Karyn Enriquez	08/23/2012	08/23/2012

State:	Arkansas	Filing Company:	American General Life Insurance Company
TOI/Sub-TOI:	H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment		
Product Name:	Accident Care Direct Plus		
Project Name/Number:	Accident Care Direct Plus/		

Disposition

Disposition Date: 09/07/2012

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
American General Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document (revised)	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Replaced	Yes
Form (revised)	Accidental Death and Dismemberment Policy	Approved-Closed	Yes
Form	Accidental Death and Dismemberment Policy	Replaced	Yes
Rate	Schedule of Rates	Approved-Closed	Yes

State: Arkansas **Filing Company:** American General Life Insurance Company
TOI/Sub-TOI: H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment
Product Name: Accident Care Direct Plus
Project Name/Number: Accident Care Direct Plus/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/22/2012
Submitted Date	08/22/2012
Respond By Date	

Dear Karyn Enriquez,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Outline of Coverage (Supporting Document)
- Accidental Death and Dismemberment Policy, 12100 (Form)

Comments: The definition of "Accident" or "Accidental Means" shall not be more restrictive than the following: Injury or injuries, for which benefits are provided, means accidental bodily injury sustained by the insured person which is the direct cause, independent of disease or bodily infirmity or any other cause and occurs while the insurance is in force. Please refer to Rule and Regulation 18, Section 5 D.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

State:	Arkansas	Filing Company:	American General Life Insurance Company
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Project Name/Number:	Accident Care Direct Plus/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/23/2012
Submitted Date	08/23/2012

Dear Rosalind Minor,

Introduction:

Thank you for your response dated 08/22/2012. Pursuant to your comment, please see our response below.

Response 1

Comments:

We have revised the definition of "Accident" in the policy and the outline of coverage to comply with Rule and Regulation 18, Section 5 D.

Related Objection 1

Applies To:

- Outline of Coverage (Supporting Document)
- Accidental Death and Dismemberment Policy, 12100 (Form)

Comments: The definition of "Accident" or "Accidental Means" shall not be more restrictive than the following: Injury or injuries, for which benefits are provided, means accidental bodily injury sustained by the insured person which is the direct cause, independent of disease or bodily infirmity or any other cause and occurs while the insurance in force. Please refer to Rule and Regulation 18, Section 5 D.

Changed Items:

Supporting Document Schedule Item Changes
Satisfied -Name: Outline of Coverage
Comment:

State: Arkansas Filing Company: American General Life Insurance Company
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Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	12100	POL	Accidental Death and Dismemberment Policy	Initial	50.400	12100_ACCIDENT_CARE_DIRECT_PLUS_AR.pdf	Date Submitted: 08/23/2012 By: Karyn Enriquez
Previous Version							
1	12100	POL	Accidental Death and Dismemberment Policy	Initial	50.400	12100_ACCIDENT_CARE_DIRECT_PLUS_AR.pdf	Date Submitted: 08/23/2012 By: Karyn Enriquez

No Rate/Rule Schedule items changed.

Conclusion:

We trust that this revision will meet with your approval. If you have any questions or comments, please feel free to contact me.

Thank you for your attention and assistance with this filing.

Sincerely,
Karyn Enriquez

State:	Arkansas	Filing Company:	American General Life Insurance Company
TOI/Sub-TOI:	H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment		
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Form Schedule

Lead Form Number: 12100

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/07/2012	12100	POL	Accidental Death and Dismemberment Policy	Initial:	50.400	12100_ACCIDENT_CAR E_DIRECT_PLUS_AR.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

American General Life Insurance Company

Home Office: 2727-A Allen Parkway, Houston, Texas 77019
(A STOCK COMPANY)
1-800-811-2696

WE, OUR, US or COMPANY refer to American General Life Insurance Company.

THE COMPANY AGREES TO PAY the Benefits described in this Policy, subject to its provisions, exclusions and limitations.

YOU or YOUR refer to the Owner of this Policy.

GUARANTEED RENEWABLE - SUBJECT TO CHANGE IN PREMIUMS BY CLASS. You may continue the coverage provided by this Policy for life, by payment of the required premiums when they are due. While this Policy is in force, We will not add any restrictive riders or endorsements. We can change the premiums for this Policy. Any premium change will be on a class basis only, as We determine, and will be based on the Insured Person's age on the Effective Date. No change in premiums will be effective until 45 days after We deliver to You, or mail to Your last known address on Our Home Office records, a written notice of such change.

LEGAL CONTRACT. This Policy is a legal contract between You and Us. You should **READ THIS POLICY CAREFULLY**. Refer to **DEFINITIONS** to understand the meaning of defined words.

MEDICAID ELIGIBILITY. The Insured Person's current or future eligibility for Medicaid may affect the payment of benefits provided by this Policy. When Medicaid is involved it is possible that the benefits will not be paid directly to You, because of state regulations and/or federal regulations that may require payments to the Medicaid organization or to the medical provider.

THIRTY DAYS TO EXAMINE POLICY. You may return this Policy to Us or Our authorized agent within thirty days after delivery, if You are not satisfied with it for any reason. The return of this Policy will void it from the Effective Date and any premium paid will be refunded.

THIS IS A LIMITED BENEFIT POLICY...PLEASE READ THIS POLICY CAREFULLY

Insured - [John Doe]

Policy Number - [0000000000]

Signed at 2727-A Allen Parkway, Houston, Texas 77019.



Secretary



President

THIS IS A LIMITED BENEFIT POLICY FOR ACCIDENTAL INJURY COVERAGE ONLY AS DEFINED AND LIMITED IN THIS POLICY, AND IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE.

READ THIS POLICY CAREFULLY – IT CONTAINS REDUCTIONS, ELIMINATION PERIODS AND EXCLUSIONS. GUARANTEED RENEWABLE, SUBJECT TO CHANGE IN PREMIUMS BY CLASS. NONPARTICIPATING

CONTENTS OF POLICY

Policy Data	Page 3	Premiums	Page 7
Policy Schedule	Page 3A	Claims	Page 8
Definitions	Page 4	General Provisions	Page 9
Benefits	Page 4	Insured Spouse And Insured Child	Page 11
Exclusions	Page 6		

POLICY PROVISIONS IN ALPHABETICAL ORDER

Assignment	Page 9	Legal Actions	Page 9
Beneficiary	Page 10	Medicaid Eligibility	Page 1
Benefits	Page 4	Misstatement Of Age	Page 9
Change Of Owner Or Beneficiary	Page 10	Nonparticipation	Page 11
Claim Forms	Page 8	Notice Of Claim	Page 8
Conformity With State Statutes	Page 11	Owner	Page 10
Definitions	Page 4	Payment Of Claims	Page 8
Effective Date	Page 10	Physical Examination	Page 9
Entire Contract	Page 9	Premiums	Page 7
Exclusions	Page 6	Proof Of Loss	Page 8
Grace Period	Page 7	Reinstatement	Page 8
Guaranteed Renewable		Tax Consequences	Page 11
Subject To Change In Premiums By Class	Page 1	Termination	Page 11
Incontestable	Page 9	Time Limit On Certain Defenses	Page 10
Insured Spouse And Insured Child	Page 11	Time Of Payment Of Claims	Page 8
Lapse	Page 7	Unearned Premium Refund	Page 8
		Unpaid Premiums	Page 9

POLICY DATA

Insured Person – Insured[, Insured Spouse][, Insured Child(ren)]

Insured Age	[John Doe] [35]	Policy Number	[0000000000]
		Effective Date	[July 1, 2012]
Insured Spouse Age	[Jane Doe] [35]	Premium Period	[Monthly]

POLICY SCHEDULE OF BENEFITS AND PREMIUMS

Benefits	Benefit Amounts	Annual Premium
Base Policy	[\$100,000]	[\$000.00]
Total Initial Annual Premium		[\$000.00]

Premiums payable other than annually are equal to a percentage of the annual premium and include additional premium charges. You will save money by paying the premium on an annual basis. The first [Monthly] premium is [\$00.00].

This Is A(n) [State Name] Policy.

POLICY SCHEDULE

Benefits will automatically reduce by 50% on the policy anniversary following the Insured Person's attainment of age 70, or after 5 years from the Effective Date, whichever provides the longer period of coverage.

[We will pay any applicable benefit amount for one covered loss per accident for each Insured Person who sustains an Accidental Injury. In case an Insured Person sustains multiple Accidental Injuries from the same accident, We will pay the covered loss with the largest benefit amount payable.]

ACCIDENTAL DEATH BENEFIT AMOUNT:

Insured	[\$100,000]
[Insured Spouse]	[\$50,000]
[Insured Child(ren)]	[\$20,000]

[DISMEMBERMENT BENEFIT AS PERCENTAGE OF ACCIDENTAL DEATH BENEFIT:]

[For the Loss Of:	Coverage Amount
Both Hands or Arms	100%
Both Feet or Legs	100%
Sight of Both Eyes	100%
One Hand or Arm and One Foot or Leg	100%
Either One Hand or Arm or One Foot or Leg and Sight of One Eye	100%
Either One Hand or Arm or One Foot or Leg	50%
Sight of One Eye	50%]

[PARALYSIS BENEFIT AS PERCENTAGE OF ACCIDENTAL DEATH BENEFIT:]

[Diagnosis:	Coverage Amount
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%]

[The Elimination Period is 30 days for Quadriplegia, Paraplegia and Hemiplegia only. No benefits are payable during this period. No Elimination Period on other types of Loss.]

COMMON CARRIER BENEFIT: If an accidental injury occurs while riding as a fare-paying passenger in a common carrier, we will pay an additional benefit equal to twice any benefit amount paid as an accidental death benefit [or a dismemberment benefit or a paralysis benefit].

[LOSS OF HEARING BENEFIT AS PERCENTAGE OF ACCIDENTAL DEATH BENEFIT:]

[Diagnosis:	Coverage Amount
Total Hearing	100%]

[SEVERE BURN BENEFIT AS PERCENTAGE OF ACCIDENTAL DEATH BENEFIT:]

[Diagnosis:	Coverage Amount
Severe Burn	100%]

DEFINITIONS

ACCIDENT OR ACCIDENTAL means the unforeseen occurrence of an event, which results in an Accidental Injury to an Insured Person wholly independent of disease, bodily infirmity, illness, infection or any other physical condition.

ACCIDENTAL INJURY means bodily injury to an Insured Person as the result of an Accident, after coverage under this Policy takes effect and while this Policy is in force, which results in care within 72 hours after the injury is sustained.

INSURED means the person named as "Insured" in the Policy Data.

INSURED PERSON means all persons who are indicated as an "Insured Person" in the Policy Data as being covered by this Policy.

PHYSICIAN means a person who:

- (a) is a legally qualified-practitioner of the healing arts licensed in the United States or its territories;
- (b) practices within the scope of his or her license;
- (c) is not the Insured Person;
- (d) is not related to the Insured Person as a spouse, parent, child or sibling; and
- (e) does not customarily reside in the same household as the Insured Person.

SATISFACTORY PROOF means proof determined to be satisfactory by Us.

BENEFITS

We will pay the applicable benefit amount described below:

- (a) if the Insured Person's loss occurs within 90 days following the Accidental Injury that causes that loss; and
- (b) subject to all Policy definitions, provisions and exclusions.

We will only pay one such benefit amount per accident for each Insured Person who sustains an Accidental Injury. In case an Insured Person sustains multiple Accidental Injuries from the same accident, We will pay the covered loss with the largest benefit amount payable.

ACCIDENTAL DEATH BENEFIT

We will pay the accidental death benefit shown in the Policy Schedule if the Insured Person dies as the result of an Accidental Injury.

DISMEMBERMENT BENEFIT

If the words "DISMEMBERMENT BENEFIT" are NOT listed in the Policy Schedule, this provision does not apply and We will pay NO Benefits for Dismemberment.

DISMEMBERMENT means the loss sustained in an Accidental Injury as follows:

- (a) arm - actual severance above the elbow;
- (b) leg - actual severance above the knee;
- (c) hand - actual severance above the wrist;
- (d) foot - actual severance above the ankle; or
- (e) eye - loss of the eye or permanent vision loss such that central vision acuity cannot be corrected to better than 20/200.

Loss of use does not constitute Dismemberment, except as stated in (e) above.

We will pay the applicable Dismemberment benefit coverage amount shown in the Policy Schedule if the Insured Person becomes Dismembered as the result of an Accidental Injury.

PARALYSIS BENEFIT

If the words "PARALYSIS BENEFIT" are NOT listed in the Policy Schedule, this provision does not apply and We will pay NO Benefits for Paralysis.

ELIMINATION PERIOD means the number of consecutive days shown in the Policy Schedule during which an Insured Person must be continuously and totally paralyzed prior to being eligible for benefits. NO Benefits are payable during the Elimination Period.

HEMIPLEGIA means the complete and irreversible Paralysis of the upper and lower Limbs of the same side of the body.

LIMB means the entire arm or entire leg.

PARALYSIS/PARALYZED means spinal cord injuries sustained in an Accidental Injury that results in the loss of use of two or more Limbs:

- (a) for the consecutive number of days in the Elimination Period stated in the Policy Schedule; and
- (b) such loss of use is expected to be permanent. Such paralysis must be confirmed by the Insured Person's attending Physician.

PARAPLEGIA means the complete and irreversible Paralysis of both lower Limbs.

QUADRIPLEGIA means the complete and irreversible Paralysis of both upper and lower Limbs.

We will pay the applicable Paralysis benefit coverage amount shown in the Policy Schedule if the Insured Person becomes Paralyzed as the result of an Accidental Injury.

COMMON CARRIER BENEFIT

COMMON CARRIER means a taxi, school bus, streetcar, bus, train, ship, ferry, or airplane which is duly licensed by the proper authority for the sole purpose of transporting public passengers for a fee for purposes other than the following activities: hang gliding; bungee jumping; parachuting; sailgliding; or parasailing.

If We pay any benefit as a result of an Accidental Injury that occurs when riding as a fare-paying passenger inside a Common Carrier, We will pay an additional benefit equal to two times the benefit amount paid.

LOSS OF HEARING BENEFIT

If the words "LOSS OF HEARING BENEFIT" are NOT listed in the Policy Schedule, this provision does not apply and We will pay NO Benefits for Loss of Hearing.

LOSS OF HEARING means the irreversible loss of hearing for all sounds in both ears. The diagnosis of Loss of Hearing must be established by an audiometric and auditory threshold test. The auditory threshold cannot be more than 90 decibels while utilizing a hearing aid.

We will pay the applicable Loss of Hearing Benefit coverage amount shown in the Policy Schedule if the Insured Person incurs total Loss of Hearing as the result of an Accidental Injury.

We will NOT pay any benefit for a Loss of Hearing that results from psychiatric related causes.

SEVERE BURN BENEFIT

If the words "SEVERE BURN BENEFIT" are NOT listed in the Policy Schedule, this provision does not apply and We will pay NO Benefits for Severe Burn.

SEVERE BURN means the cosmetic disfigurement of body surface or area that is a full-thickness or third-degree burn covering at least 20% of the body surface. A full-thickness or third-degree burn is the injury and destruction of skin through the entire thickness or depth of the dermis and possibly to underlying tissue with a loss of fluid and sometimes shock caused by exposure to fire, heat, caustics, electricity, or radiation.

We will pay the applicable Severe Burn Benefit coverage amount shown in the Policy Schedule if the Insured Person incurs a Severe Burn as the result of an Accidental Injury. The Severe Burn must be treated by a Physician within 72 hours after such Accidental Injury.

EXCLUSIONS

We will pay NO benefits for any Accidental Injury or any loss caused or resulting in whole or in part by the following:

1. the Insured Person's suicide or attempt at suicide, or intentional self-inflicted injury or sickness, or any attempt at intentional self-inflicted injury or sickness while sane or insane; or
2. the Insured Person's being under the influence of a controlled substance (unless administered by a Physician and taken according to the Physician's instructions) or illegal drugs or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the Accident occurred); or
3. the Insured Person's commission of or attempt to commit an assault or felony; or
4. the Insured Person's engaging in an illegal activity or occupation; or

5. the Insured Person's voluntary participation in any riot or civil insurrection; or
6. declared or undeclared war, or any act of declared or undeclared war; or
7. the Insured Person's operating, learning to operate, serving as a crew member of, or jumping, parachuting, or falling from an aircraft or hot air balloon, including those which are not motor driven; or
8. the Insured Person's engaging in hang gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or any similar activity; or
9. the Insured Person's riding in or driving any motor driven vehicle in a race, stunt show or speed test; or
10. the Insured Person's practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating, coaching or umpiring, for which such Insured Person receives any compensation or remuneration; or
11. the Insured Person's operating any type of land, water, or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the Accidental Injury occurred; or
12. bacterial infection that was not caused by an Accidental cut or wound; or
13. the Insured Person's driving any taxi for wage, compensation, or profit; or
14. the Insured Person's engaging in mountaineering using ropes and/or other equipment or any similar activity; or
15. any illness, loss, or condition specifically excluded from the definition of any Accident.

PREMIUMS

This Policy is effective for an initial term of one Premium Period, as stated in the Policy Data. It may be renewed by timely payment of the renewal premium. The first premium is due on or before the Effective Date. Each renewal premium is due at the expiration of the period for which the preceding premium was paid. Each renewal premium must be paid on or before its due date, or within the Grace Period. You may pay premiums at Our Home Office. You may, by written request to Us, change the Premium Period for this Policy, subject to Our rules at the time of Your request to change.

GRACE PERIOD

If a premium, other than the first, is not paid by its due date, Your Policy will remain in force for a period of 31 days from the premium due date.

LAPSE

If any premium is not paid before the end of its Grace Period, this Policy will lapse. The date of lapse will be the date on which the unpaid premium was due. Lapse will terminate this Policy unless it is later reinstated. **Your Policy will terminate upon lapse and provide NO further benefits.**

REINSTATEMENT

If Your Policy lapses, You may reinstate it:

- (a) by paying the required premium; and
- (b) if We accept the premium.

The reinstated Policy will cover only losses sustained on or after the date of reinstatement by Us. No Benefit will be payable for any Accidental Injury or loss occurring between the date of lapse and the reinstatement date.

Except for the above and any new provisions We may require for reinstatement, Your rights and Ours under this Policy will be the same as just before this Policy lapsed.

UNEARNED PREMIUM REFUND

If the Insured or the Insured Spouse, if covered under this Policy, dies before the end of a Premium Period for which premium has been paid, We will refund the portion of premium that was applied to coverage for the decedent for the time period beyond the end of the Month in which death occurred.

CLAIMS

NOTICE OF CLAIM

You must provide to Us written notice of loss within 60 days from the date of loss or as soon as reasonably possible, but in no event more than 180 days thereafter. You must provide notice of loss at Our Home Office. Your notice should include the Insured Person's name and Policy Number as shown in the Policy Data.

CLAIM FORMS

When We receive Your notice of loss, We will send You the forms required to file a claim. If these forms are not sent within 15 days, You will have met the proof of loss requirements if You have provided to Us written proof of the occurrence, nature and extent of Your loss within the time allowed for filing proof of loss.

PROOF OF LOSS

You must provide to Us, at Your expense, written proof of loss determined to be satisfactory to Us within 90 days from the date of loss. If it is not reasonably possible for You to provide such written proof of loss within the stated time, Your claim will not be affected if You provide such written proof of loss as soon as is reasonably possible. However, unless You are legally incapacitated, You must provide such written proof of loss no later than 15 months from the date of loss. You must provide to Us any authorizations necessary to obtain medical or other records to verify Your loss.

TIME OF PAYMENT OF CLAIMS

We will pay benefits, upon receipt of Satisfactory Proof of loss.

PAYMENT OF CLAIMS

Except as described in the Medicaid Eligibility provision, all Benefits becoming payable will be paid to You, or to Your Beneficiary in the event of Your death, unless You have assigned the benefits. If We have recorded, at Our Home Office, Your written assignment of benefits, either before or with Your written proof of loss, We can pay all or part of any benefit to a hospital or person that provided medical care or treatment.

If any Benefits are payable to Your estate or to a person who is without legal capacity, We can pay up to \$1,000.00 of Benefits to any relative by blood or connection by marriage whom We determine is entitled to payment. Such payment will discharge Our liability for that payment.

ASSIGNMENT

You may assign the Benefits payable under this Policy. Your rights and those of any other person referred to in this Policy will be subject to the assignment. We are not bound by an assignment unless it is in writing and until a duplicate of the original assignment has been filed at Our Home Office. We assume no responsibility regarding the validity of any assignment or payment made without notice of a prior assignment.

UNPAID PREMIUMS

We will deduct any due and unpaid premium from any claim payment under this Policy.

PHYSICAL EXAMINATION

At Our expense We can require:

- (a) a physical examination to be performed on an Insured Person by a Physician of Our choice in the United States as often as We deem necessary while a claim is pending; or
- (b) an autopsy to be performed after an Insured Person's death, if allowed by law or if this Policy was not issued for delivery in the State of Mississippi.

LEGAL ACTIONS

No legal action may be brought to recover any benefit provided by this Policy until 60 days after the date We receive written proof of loss. No action may be brought after 3 years from the date written proof of loss must have been provided to Us.

GENERAL PROVISIONS

ENTIRE CONTRACT - CHANGES

This Policy and riders or endorsements are the entire contract. This contract is made in consideration of the payment of premiums as required.

No change to this Policy will be valid until approved by one of Our executive officers and unless such approval be endorsed hereon or attached hereto. No agent or other representative has authority to change or waive any Policy provision or extend the time for paying a premium.

MISSTATEMENT OF AGE

If an Insured Person's age is not correct as shown in this Policy, all benefits payable under this Policy will be such as the premium paid would have purchased at the correct age. If the correct age is such that We would not have issued this Policy or an Insured Person's coverage under this Policy would have terminated, We will only be liable for a refund of any premiums paid for the period for which there was no coverage. By Age We mean the attained age as of the Insured Person's last birthday.

INCONTESTABLE

This Policy is incontestable from its Effective Date as to any representation made in connection with the issuance of this Policy.

TIME LIMIT ON CERTAIN DEFENSES

We will not deny or reduce a claim for an Accidental Injury incurred by an Insured Person after two (2) years from the date coverage on the Insured Person becomes effective under this Policy or upon any Reinstatement, on the basis that a disease or physical condition existed prior to the date coverage on the Insured Person becomes effective under this Policy or upon any Reinstatement.

OWNER

The Insured is the Owner of this Policy unless later changed. As Owner, You may exercise all rights in this Policy while the Insured is living. If You are without legal capacity, We will allow Your rights to be exercised by:

- (a) the legally-appointed guardian responsible for Your property; or
- (b) a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You must follow the procedures stated in this Policy. All elections, designations, changes and requests must be made in writing and in a form acceptable to Us.

If You want to change a Beneficiary, change an address or request any other action by Us, You should do so on the forms prepared for each purpose. You may obtain these forms directly from Our Home Office.

BENEFICIARY

Any Beneficiary designated by You according to Our records will receive any Benefits remaining unpaid at Your death. All surviving beneficiaries of the same class will share equally in any payments to that class, unless otherwise designated by You.

If no stated Beneficiary is living at the time of the Insured's death, We, at Our determination, will pay:

- (a) the executor or administrator of the Insured's estate; or
- (b) Your spouse, child or parent of the Insured who We determine is entitled to payment.

CHANGE OF OWNER OR BENEFICIARY

While the Insured is living, You may change:

- (a) the Owner; or
- (b) a Beneficiary designation that is not restricted by a previous designation.

We can require that any change be endorsed on Your Policy. Any change will be effective as of the date the change request was signed, except that it will not apply to any payment We make or any action We take before We record the request in Our Home Office.

EFFECTIVE DATE

This Policy's Effective Date is shown in the Policy Schedule. This Policy will take effect at 12:01 AM (Central Time) on the Effective Date and will terminate at 11:59 PM (Central Time) on the date provided for termination. If this Policy lapses and is reinstated, the Effective Date is as described in the Reinstatement Provision. The Effective Date for any rider adding coverage after this Policy is issued will be as described in that rider.

TERMINATION

This Policy will terminate on the earlier of:

- (a) any premium due date requested by You in writing to terminate this Policy; or
- (b) at the end of the Grace Period, if all or any portion of a renewal premium for this Policy remains unpaid; or
- (c) at the end of the month in which the Insured dies.

Coverage on any Insured Child will terminate as provided in the Insured Child Provision.

TAX CONSEQUENCES

Benefits paid under this Policy may be taxable. If so, You or Your Beneficiary may incur a tax obligation. As with all tax matters, You should consult Your personal tax advisor for more information about how this may affect You.

CONFORMITY WITH STATE STATUTES

Any provision that conflicts with any law of the state where You live when this Policy is issued, is amended to conform with that law.

NONPARTICIPATION

This Policy does not participate in surplus, and its premiums do not include a charge for participation in surplus.

INSURED SPOUSE AND INSURED CHILD(REN)

INSURED SPOUSE

If the words "INSURED SPOUSE" are NOT shown as an "Insured Person" in the Policy Data, this provision does not apply and We will pay NO benefits for Your spouse.

INSURED SPOUSE means only the Insured's spouse named in the Policy Data.

Any coverage on an Insured Spouse will terminate upon termination of this Policy. The termination of coverage on the Insured Spouse will not reduce any liability We may have under this Policy for any claim originating prior to the termination of such coverage. If this Policy is in force when the Insured Spouse dies or the marriage of the Insured Spouse is terminated by a divorce decree, We will reduce the subsequent premium.

INSURED CHILD(REN)

If the words "INSURED CHILD(REN)" are NOT shown as an "Insured Person" in the Policy Data, this provision does not apply and We will pay NO benefits for Your child(ren).

INSURED CHILD means all of the Insured's biological children, legally adopted children, or stepchildren who are dependent on the Insured, and are:

- (a) named by You and are less than 26 years of Age on the Effective Date of this Policy;
- (b) born after the Effective Date of this Policy, and the Insured is named as parent on the child's birth certificate; or

- (c) legally adopted by the Insured after the Effective Date of this Policy and before the child's 26th birthday.

Any child placed in the Insured's home for adoption will be an Insured Child from the date of the filing of a petition for adoption, or the moment of birth if the petition for adoption is filed within 60 days after the child's birth, until the petition for adoption is dismissed or denied.

Coverage on any Insured Child will terminate on the earlier of:

- (a) the date on which this Policy lapses or terminates; or
- (b) the premium due date following the Insured Child's 26th birthday.

The termination of an Insured Child's coverage will not reduce any liability We have under this Policy for any claim originating prior to the termination.

The coverage provided on an Insured Child by this Policy may be continued, so long as the Insured Child is:

- (a) legally incapable of self-sustained employment due to mental or physical incapacity; and
- (b) dependent upon the Insured for support and maintenance.

You must submit satisfactory proof of incapacity and dependency to Us prior to the date on which the coverage on the Insured Child would terminate if he or she were not incapacitated and dependent, and subsequently as We may require, but not more frequently than annually after the two (2) year period following the date coverage on the Insured Child would otherwise have terminated. We may charge an additional premium for continuing the coverage on any Insured Child. We will determine the premium on the basis of the age, premium rate and class in effect for the Insured Child on the date proof of incapacity and dependency is provided.

American General Life Insurance Company

Home Office: 2727-A Allen Parkway, Houston, Texas 77019
(A STOCK COMPANY)
1-800-811-2696

State:	Arkansas	Filing Company:	American General Life Insurance Company
TOI/Sub-TOI:	H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment		
Product Name:	Accident Care Direct Plus		
Project Name/Number:	Accident Care Direct Plus/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF New Filing
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	N/A - New Filing

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
American General Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

State:	Arkansas	Filing Company:	American General Life Insurance Company
TOI/Sub-TOI:	H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment		
Product Name:	Accident Care Direct Plus		
Project Name/Number:	Accident Care Direct Plus/		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information	Attachments
1	Approved-Closed 09/07/2012	Schedule of Rates	12100	New		ACD Plus - Schedule of Rates - NW.pdf

Accident Policy Form:

**AIG Accident Care Direct Plus
Rate Sheet
Premiums per Unit (1 Unit = \$1,000)**

Accidental Death, Dismemberment, Paralysis

Ages	Insured	Insured	
		Spouse	Children
18-69	\$ 1.98	\$ 1.78	\$ 1.33
70-80	\$ 5.95	\$ 5.65	

Accidental Death and Dismemberment

Ages	Insured	Insured	
		Spouse	Children
18-69	\$1.88	\$1.67	\$1.29
70-80	\$5.65	\$4.76	

Accidental Death and Paralysis

Ages	Insured	Insured	
		Spouse	Children
18-69	\$1.77	\$1.54	\$1.19
70-80	\$5.30	\$4.42	

Accidental Death

Ages	Insured	Insured	
		Spouse	Children
18-69	\$ 1.68	\$ 1.45	\$ 1.10
70-80	\$ 5.02	\$ 4.07	

State:	Arkansas	Filing Company:	American General Life Insurance Company
TOI/Sub-TOI:	H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment		
Product Name:	Accident Care Direct Plus		
Project Name/Number:	Accident Care Direct Plus/		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/07/2012
Comments:			
Attachment(s):			
AR Flesch Certification AGL.pdf			
AR Cert_Comp - ACD Plus.pdf			
AR_AR Certif of Compliance with Rule 19.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/07/2012
Bypass Reason:	The form will be sold to individual insurance consumers by direct marketing through agents, brokers and directly by the company. Since this policy is guaranteed issue, no health questions or applications are used. The Incontestable, Entire Contract and Reinstatement provisions also reflect the guaranteed issue nature of the policy in that the policy is incontestable from its date of issue as to any representation made in connection with the issuance or reinstatement of the policy.		
Comments:			

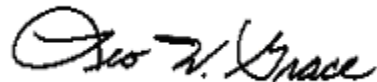
		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	09/07/2012
Comments:			
Attachment(s):			
12100_OLC_ACCIDENT_CARE_DIRECT_PLUS_AR.pdf			

AMERICAN GENERAL LIFE INSURANCE COMPANY
CERTIFICATION

This is to certify that the attached Form Numbers achieved the following Flesch Reading Scores:

FORM NUMBER	FLESCH SCORE
12100	50.4
12100-OLC	50.8

The forms comply with the requirements of Arkansas Stat. Ann. §66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Leo W. Grace, FLMI
Vice President

August 9, 2012
Date

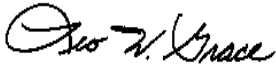
cert.AR

AMERICAN GENERAL LIFE INSURANCE COMPANY

ARKANSAS CERTIFICATION OF COMPLIANCE

		Y/N	NA
Arkansas Code 23-79-138	Required Policy Information	X	
Rule and Regulation 49	Life And Disability Insurance Guaranty Fund Notices	X	
Rule and Regulation 19	Unfair Sex Discrimination in the Sale of Insurance	X	

I hereby certify that form(s) 12100, et al is in compliance with those relevant Arkansas laws and regulations cited above.



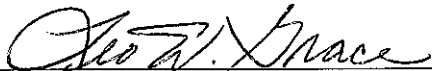
Leo W. Grace
Vice President, Product Development

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: American General Life Insurance Company

Form Number(s): 12100, et al

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Leo W. Grace

Name

Vice President

Title

August 10, 2012

Date

ACCIDENTAL INJURY COVERAGE ONLY OUTLINE OF COVERAGE
Policy Form 12100

Read Your Policy Carefully

This outline of coverage provides a very brief description of the important features of Your Policy. This is not the insurance contract and only the actual policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Your insurance company. It is, therefore, important that You **READ YOUR POLICY CAREFULLY!**

Accidental Injury Coverage Only

The Policy provides Accidental Injury coverage **ONLY** as defined and limited in the Policy. It does **NOT** provide comprehensive medical or hospital insurance, long-term care insurance or nursing home and home care insurance.

Benefits Of The Policy

The Policy will pay the applicable benefits shown on the Summary of Benefits:

- (a) if the Insured Person's loss occurs within 90 days following the Accidental Injury that causes that loss; and
- (b) subject to all Policy definitions, provisions, exclusions, reductions and limitations as described in the Policy for Accidental Death, Dismemberment or Paralysis of an Insured Person while the Policy is in force.

Reductions And Limitations

Benefits will automatically reduce by 50% on the policy anniversary following the Insured Person's attainment of age 70, or after 5 years from the Effective Date, whichever provides the longer period of coverage. Quadriplegia, Paraplegia and Hemiplegia have an Elimination Period of 30 consecutive days for which an Insured Person must be continuously and totally paralyzed prior to being eligible for benefits. No benefits are payable during this period. There is no Elimination Period on other types of Loss.

Guaranteed Renewable - Subject To Change In Premiums By Class.

You may continue the coverage provided by the Policy for life, by payment of the required premiums when they are due. While the Policy is in force, We will not add any restrictive riders or endorsements. We can change the premiums for the Policy. Any premium change will be on a class basis only, as We determine, and will be based on the Insured Person's age on the Effective Date. No change in premiums will be effective until 45 days after We deliver to You, or mail to Your last known address on Our Home Office records, a written notice of such change.

SUMMARY OF BENEFITS

Benefits will automatically reduce by 50% on the policy anniversary following the Insured Person's attainment of age 70, or after 5 years from the Effective Date, whichever provides the longer period of coverage.

Accidental Death Benefit Amount Per Insured	\$ _____
Accidental Death Benefit Amount Per Insured Spouse	\$ _____
Accidental Death Benefit Amount Per Insured Child(ren)	\$ _____

The Policy will pay any applicable benefit amount for one covered loss per accident for each Insured Person who sustains an Accidental Injury. In case an Insured Person sustains multiple Accidental Injuries from the same accident, the Policy will pay the covered loss with the largest benefit amount payable.

Dismemberment and Paralysis benefits are included in the Policy ONLY if such benefits are selected and applicable premiums are paid.

☐ **DISMEMBERMENT BENEFIT AS PERCENTAGE OF ACCIDENTAL DEATH BENEFIT:**

For the Loss Of:	Coverage Amount
Both Hands or Arms	100%
Both Feet or Legs	100%
Sight of Both Eyes	100%
One Hand or Arm and One Foot or Leg	100%
Either One Hand or Arm or One Foot or Leg and Sight of One Eye	100%
Either One Hand or Arm or One Foot or Leg	50%
Sight of One Eye	50%

☐ **PARALYSIS BENEFIT AS PERCENTAGE OF ACCIDENTAL DEATH BENEFIT:**

Diagnosis:	Coverage Amount
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%

The Elimination Period is 30 days for Quadriplegia, Paraplegia and Hemiplegia only. No benefits are payable during this period. There are no Elimination Periods on other types of Loss.

Common Carrier Benefit: If the Policy pays any benefit as a result of an Accidental Injury that occurs when riding as a fare-paying passenger inside a Common Carrier, the Policy will pay an additional benefit equal to two times the benefit amount paid.

Loss of Hearing and Severe Burn benefits are included in the Policy ONLY if such benefits are selected and applicable premiums are paid.

☐ **LOSS OF HEARING BENEFIT AS PERCENTAGE OF ACCIDENTAL DEATH BENEFIT:**

Diagnosis:	Coverage Amount
Total Hearing	100%

☐ **SEVERE BURN BENEFIT AS PERCENTAGE OF ACCIDENTAL DEATH BENEFIT:**

Diagnosis:	Coverage Amount
Severe Burn	100%

EXCLUSIONS

The Policy will pay NO benefits for any Accidental Injury or any loss caused or resulting in whole or in part by the following:

1. the Insured Person's suicide or attempt at suicide, or intentional self-inflicted injury or sickness, or any attempt at intentional self-inflicted injury or sickness while sane or insane; or
2. the Insured Person's being under the influence of a controlled substance (unless administered by a Physician and taken according to the Physician's instructions) or illegal drugs or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the Accident occurred); or
3. the Insured Person's commission of or attempt to commit an assault or felony; or
4. the Insured Person's engaging in an illegal activity or occupation; or
5. the Insured Person's voluntary participation in any riot or civil insurrection; or
6. declared or undeclared war, or any act of declared or undeclared war; or
7. the Insured Person's operating, learning to operate, serving as a crew member of, or jumping, parachuting, or falling from an aircraft or hot air balloon, including those which are not motor driven; or
8. the Insured Person's engaging in hang gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or any similar activity; or
9. the Insured Person's riding in or driving any motor driven vehicle in a race, stunt show or speed test; or
10. the Insured Person's practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating, coaching or umpiring for which such Insured Person receives any compensation or remuneration; or
11. the Insured Person's operating any type of land, water, or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the Accidental Injury occurred; or
12. bacterial infection that was not caused by an Accidental cut or wound; or
13. the Insured Person's driving any taxi for wage, compensation, or profit; or
14. the Insured Person's engaging in mountaineering using ropes and/or other equipment or any similar activity; or
15. any illness, loss, or condition specifically excluded from the definition of any Accident

DEFINITIONS

ACCIDENT OR ACCIDENTAL means the unforeseen occurrence of an event, which results in an Accidental Injury to an Insured Person wholly independent of disease, bodily infirmity, illness, infection or any other physical condition.

ACCIDENTAL INJURY means bodily injury to an Insured Person as the result of an Accident, after coverage under the Policy takes effect and while the Policy is in force, which results in care within 72 hours after the injury is sustained.

COMMON CARRIER means a taxi, school bus, streetcar, bus, train, ship, ferry, or airplane which is duly licensed by the proper authority for the sole purpose of transporting public passengers for a fee for purposes other than the following activities: hang gliding; bungee jumping; parachuting; sailgliding; or parasailing.

DISMEMBERMENT means the loss sustained in an Accidental Injury as follows:

- (a) arm - actual severance above the elbow;
- (b) leg - actual severance above the knee;
- (c) hand - actual severance above the wrist;
- (d) foot - actual severance above the ankle; or
- (e) eye - loss of the eye or permanent vision loss such that central vision acuity cannot be corrected to better than 20/200.

Loss of use does not constitute Dismemberment, except as stated in (e) above.

ELIMINATION PERIOD means the number of consecutive days shown on the Policy Schedule during which an Insured Person must be continuously and totally paralyzed prior to being eligible for any Paralysis benefits. NO Benefits are payable during the Elimination Period.

HEMIPLEGIA means the complete and irreversible Paralysis of the upper and lower Limbs of the same side of the body.

INSURED means the person named as "Insured" in the Policy Data.

INSURED CHILD means all of the Insured's biological children, legally adopted children, or stepchildren who are dependent on the Insured, and are:

- (a) named by You and are less than 26 years of age on the Effective Date of the Policy;
- (b) born after the Effective Date of the Policy, and the Insured is named as parent on the child's birth certificate; or
- (c) legally adopted by the Insured after the Effective Date of the Policy and before the child's 26th birthday.

Any child placed in the Insured's home for adoption will be an Insured Child from the date of the filing of a petition for adoption, or the moment of birth if the petition for adoption is filed within 60 days after the child's birth, until the petition for adoption is dismissed or denied.

(If the words "INSURED CHILD" are NOT shown as an "Insured Person" in the Policy Data, this provision does not apply and the Policy will pay NO benefits for Your child.)

INSURED PERSON means all persons who are indicated as an "Insured Person" in the Policy Data as being covered by the Policy.

INSURED SPOUSE means only the Insured's spouse named in the Policy Data. **(If the words "INSURED SPOUSE" are NOT shown as an "Insured Person" in the Policy Data, this provision does not apply and the Policy will pay NO benefits for Your spouse.)**

LIMB means the entire arm or entire leg.

PARALYSIS/PARALYZED means spinal cord injuries sustained in an Accidental Injury that results in the loss of use of two or more Limbs:

- (a) for the consecutive number of days in the Elimination Period stated in the Policy Schedule; and
- (b) such loss of use is expected to be permanent. Such paralysis must be confirmed by the Insured Person’s attending Physician.

PARAPLEGIA means the complete and irreversible Paralysis of both lower Limbs.

PHYSICIAN means a person who:

- (a) is a legally qualified-practitioner of the healing arts and is licensed in the United States or its territories;
- (b) practices within the scope of his or her license;
- (c) is not the Insured Person;
- (d) is not related to the Insured Person as a spouse, parent, child or sibling; and
- (e) does not customarily reside in the same household as the Insured Person.

QUADRIPLEGIA means the complete and irreversible Paralysis of both upper and lower Limbs.

Premium Summary

Premiums:	Payable	
		(mode)
Insured	\$	
Insured Spouse	\$	
Insured Child(ren)	\$	
Total Premium	\$	

THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED; THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS AND BENEFITS.

American General Life Insurance Company
2727-A Allen Parkway Houston, Texas 77019

State:	Arkansas	Filing Company:	American General Life Insurance Company
TOI/Sub-TOI:	H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment		
Product Name:	Accident Care Direct Plus		
Project Name/Number:	Accident Care Direct Plus/		

Superceded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/21/2012	Form	Accidental Death and Dismemberment Policy	08/23/2012	12100_ACCIDENT_CARE_DIRECT_PL US_AR.pdf (Superceded)
08/07/2012	Supporting Document	Outline of Coverage	08/23/2012	12100_OLC_ACCIDENT_CARE_DIREC T_PLUS_AR.pdf (Superceded)

American General Life Insurance Company

Home Office: 2727-A Allen Parkway, Houston, Texas 77019
(A STOCK COMPANY)
1-800-811-2696

WE, OUR, US or COMPANY refer to American General Life Insurance Company.

THE COMPANY AGREES TO PAY the Benefits described in this Policy, subject to its provisions, exclusions and limitations.

YOU or YOUR refer to the Owner of this Policy.

GUARANTEED RENEWABLE - SUBJECT TO CHANGE IN PREMIUMS BY CLASS. You may continue the coverage provided by this Policy for life, by payment of the required premiums when they are due. While this Policy is in force, We will not add any restrictive riders or endorsements. We can change the premiums for this Policy. Any premium change will be on a class basis only, as We determine, and will be based on the Insured Person's age on the Effective Date. No change in premiums will be effective until 45 days after We deliver to You, or mail to Your last known address on Our Home Office records, a written notice of such change.

LEGAL CONTRACT. This Policy is a legal contract between You and Us. You should **READ THIS POLICY CAREFULLY**. Refer to **DEFINITIONS** to understand the meaning of defined words.

MEDICAID ELIGIBILITY. The Insured Person's current or future eligibility for Medicaid may affect the payment of benefits provided by this Policy. When Medicaid is involved it is possible that the benefits will not be paid directly to You, because of state regulations and/or federal regulations that may require payments to the Medicaid organization or to the medical provider.

THIRTY DAYS TO EXAMINE POLICY. You may return this Policy to Us or Our authorized agent within thirty days after delivery, if You are not satisfied with it for any reason. The return of this Policy will void it from the Effective Date and any premium paid will be refunded.

THIS IS A LIMITED BENEFIT POLICY...PLEASE READ THIS POLICY CAREFULLY

Insured - [John Doe]

Policy Number - [0000000000]

Signed at 2727-A Allen Parkway, Houston, Texas 77019.



Secretary



President

THIS IS A LIMITED BENEFIT POLICY FOR ACCIDENTAL INJURY COVERAGE ONLY AS DEFINED AND LIMITED IN THIS POLICY, AND IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE.

READ THIS POLICY CAREFULLY – IT CONTAINS REDUCTIONS, ELIMINATION PERIODS AND EXCLUSIONS. GUARANTEED RENEWABLE, SUBJECT TO CHANGE IN PREMIUMS BY CLASS. NONPARTICIPATING

CONTENTS OF POLICY

Policy Data	Page 3	Premiums	Page 7
Policy Schedule	Page 3A	Claims	Page 8
Definitions	Page 4	General Provisions	Page 9
Benefits	Page 4	Insured Spouse And Insured Child	Page 11
Exclusions	Page 6		

POLICY PROVISIONS IN ALPHABETICAL ORDER

Assignment	Page 9	Legal Actions	Page 9
Beneficiary	Page 10	Medicaid Eligibility	Page 1
Benefits	Page 4	Misstatement Of Age	Page 9
Change Of Owner Or Beneficiary	Page 10	Nonparticipation	Page 11
Claim Forms	Page 8	Notice Of Claim	Page 8
Conformity With State Statutes	Page 11	Owner	Page 10
Definitions	Page 4	Payment Of Claims	Page 8
Effective Date	Page 10	Physical Examination	Page 9
Entire Contract	Page 9	Premiums	Page 7
Exclusions	Page 6	Proof Of Loss	Page 8
Grace Period	Page 7	Reinstatement	Page 8
Guaranteed Renewable		Tax Consequences	Page 11
Subject To Change In Premiums By Class	Page 1	Termination	Page 11
Incontestable	Page 9	Time Limit On Certain Defenses	Page 10
Insured Spouse And Insured Child	Page 11	Time Of Payment Of Claims	Page 8
Lapse	Page 7	Unearned Premium Refund	Page 8
		Unpaid Premiums	Page 9

POLICY DATA

Insured Person – Insured[, Insured Spouse][, Insured Child(ren)]

Insured	[John Doe]	Policy Number	[0000000000]
Age	[35]	Effective Date	[July 1, 2012]
Insured Spouse	[Jane Doe]	Premium Period	[Monthly]
Age	[35]		

POLICY SCHEDULE OF BENEFITS AND PREMIUMS

Benefits	Benefit Amounts	Annual Premium
Base Policy	[\$100,000]	[\$000.00]
Total Initial Annual Premium		[\$000.00]

Premiums payable other than annually are equal to a percentage of the annual premium and include additional premium charges. You will save money by paying the premium on an annual basis. The first [Monthly] premium is [\$00.00].

This Is A(n) [State Name] Policy.

POLICY SCHEDULE

Benefits will automatically reduce by 50% on the policy anniversary following the Insured Person's attainment of age 70, or after 5 years from the Effective Date, whichever provides the longer period of coverage.

[We will pay any applicable benefit amount for one covered loss per accident for each Insured Person who sustains an Accidental Injury. In case an Insured Person sustains multiple Accidental Injuries from the same accident, We will pay the covered loss with the largest benefit amount payable.]

ACCIDENTAL DEATH BENEFIT AMOUNT:

Insured	[\$100,000]
[Insured Spouse]	[\$50,000]
[Insured Child(ren)]	[\$20,000]

[DISMEMBERMENT BENEFIT AS PERCENTAGE OF ACCIDENTAL DEATH BENEFIT:]

[For the Loss Of:	Coverage Amount
Both Hands or Arms	100%
Both Feet or Legs	100%
Sight of Both Eyes	100%
One Hand or Arm and One Foot or Leg	100%
Either One Hand or Arm or One Foot or Leg and Sight of One Eye	100%
Either One Hand or Arm or One Foot or Leg	50%
Sight of One Eye	50%]

[PARALYSIS BENEFIT AS PERCENTAGE OF ACCIDENTAL DEATH BENEFIT:]

[Diagnosis:	Coverage Amount
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%]

[The Elimination Period is 30 days for Quadriplegia, Paraplegia and Hemiplegia only. No benefits are payable during this period. No Elimination Period on other types of Loss.]

COMMON CARRIER BENEFIT: If an accidental injury occurs while riding as a fare-paying passenger in a common carrier, we will pay an additional benefit equal to twice any benefit amount paid as an accidental death benefit [or a dismemberment benefit or a paralysis benefit].

[LOSS OF HEARING BENEFIT AS PERCENTAGE OF ACCIDENTAL DEATH BENEFIT:]

[Diagnosis:	Coverage Amount
Total Hearing	100%]

[SEVERE BURN BENEFIT AS PERCENTAGE OF ACCIDENTAL DEATH BENEFIT:]

[Diagnosis:	Coverage Amount
Severe Burn	100%]

DEFINITIONS

ACCIDENT OR ACCIDENTAL means a sudden, intervening, unforeseen, unusual and unexpected event which results in an Accidental Injury to the Insured Person and meets all of the following requirements:

1. It is the direct cause of a loss, and is wholly independent of Sickness, bodily infirmity or any other cause, including any physical condition.
2. It is definite as to time and place.
3. It happens involuntarily, or entails unforeseen consequences if it is the result of an intentional act.
4. It is sustained on or after the Insured Person's Effective Date of coverage under this Policy and while this Policy is in force.
5. It directly produces at the time objective findings of an injury which is more than simply a gradual deterioration or progressive degeneration.

ACCIDENTAL INJURY means bodily injury to an Insured Person as the result of an Accident, after coverage under this Policy takes effect and while this Policy is in force, which results in care within 72 hours after the injury is sustained.

INSURED means the person named as "Insured" in the Policy Data.

INSURED PERSON means all persons who are indicated as an "Insured Person" in the Policy Data as being covered by this Policy.

PHYSICIAN means a person who:

- (a) is a legally qualified-practitioner of the healing arts licensed in the United States or its territories;
- (b) practices within the scope of his or her license;
- (c) is not the Insured Person;
- (d) is not related to the Insured Person as a spouse, parent, child or sibling; and
- (e) does not customarily reside in the same household as the Insured Person.

SATISFACTORY PROOF means proof determined to be satisfactory by Us.

BENEFITS

We will pay the applicable benefit amount described below:

- (a) if the Insured Person's loss occurs within 90 days following the Accidental Injury that causes that loss; and
- (b) subject to all Policy definitions, provisions and exclusions.

We will only pay one such benefit amount per accident for each Insured Person who sustains an Accidental Injury. In case an Insured Person sustains multiple Accidental Injuries from the same accident, We will pay the covered loss with the largest benefit amount payable.

ACCIDENTAL DEATH BENEFIT

We will pay the accidental death benefit shown in the Policy Schedule if the Insured Person dies as the result of an Accidental Injury.

DISMEMBERMENT BENEFIT

If the words "DISMEMBERMENT BENEFIT" are NOT listed in the Policy Schedule, this provision does not apply and We will pay NO Benefits for Dismemberment.

DISMEMBERMENT means the loss sustained in an Accidental Injury as follows:

- (a) arm - actual severance above the elbow;
- (b) leg - actual severance above the knee;
- (c) hand - actual severance above the wrist;
- (d) foot - actual severance above the ankle; or
- (e) eye - loss of the eye or permanent vision loss such that central vision acuity cannot be corrected to better than 20/200.

Loss of use does not constitute Dismemberment, except as stated in (e) above.

We will pay the applicable Dismemberment benefit coverage amount shown in the Policy Schedule if the Insured Person becomes Dismembered as the result of an Accidental Injury.

PARALYSIS BENEFIT

If the words "PARALYSIS BENEFIT" are NOT listed in the Policy Schedule, this provision does not apply and We will pay NO Benefits for Paralysis.

ELIMINATION PERIOD means the number of consecutive days shown in the Policy Schedule during which an Insured Person must be continuously and totally paralyzed prior to being eligible for benefits. NO Benefits are payable during the Elimination Period.

HEMIPLEGIA means the complete and irreversible Paralysis of the upper and lower Limbs of the same side of the body.

LIMB means the entire arm or entire leg.

PARALYSIS/PARALYZED means spinal cord injuries sustained in an Accidental Injury that results in the loss of use of two or more Limbs:

- (a) for the consecutive number of days in the Elimination Period stated in the Policy Schedule; and
- (b) such loss of use is expected to be permanent. Such paralysis must be confirmed by the Insured Person's attending Physician.

PARAPLEGIA means the complete and irreversible Paralysis of both lower Limbs.

QUADRIPLEGIA means the complete and irreversible Paralysis of both upper and lower Limbs.

We will pay the applicable Paralysis benefit coverage amount shown in the Policy Schedule if the Insured Person becomes Paralyzed as the result of an Accidental Injury.

COMMON CARRIER BENEFIT

COMMON CARRIER means a taxi, school bus, streetcar, bus, train, ship, ferry, or airplane which is duly licensed by the proper authority for the sole purpose of transporting public passengers for a fee for purposes other than the following activities: hang gliding; bungee jumping; parachuting; sailgliding; or parasailing.

If We pay any benefit as a result of an Accidental Injury that occurs when riding as a fare-paying passenger inside a Common Carrier, We will pay an additional benefit equal to two times the benefit amount paid.

LOSS OF HEARING BENEFIT

If the words "LOSS OF HEARING BENEFIT" are NOT listed in the Policy Schedule, this provision does not apply and We will pay NO Benefits for Loss of Hearing.

LOSS OF HEARING means the irreversible loss of hearing for all sounds in both ears. The diagnosis of Loss of Hearing must be established by an audiometric and auditory threshold test. The auditory threshold cannot be more than 90 decibels while utilizing a hearing aid.

We will pay the applicable Loss of Hearing Benefit coverage amount shown in the Policy Schedule if the Insured Person incurs total Loss of Hearing as the result of an Accidental Injury.

We will NOT pay any benefit for a Loss of Hearing that results from psychiatric related causes.

SEVERE BURN BENEFIT

If the words "SEVERE BURN BENEFIT" are NOT listed in the Policy Schedule, this provision does not apply and We will pay NO Benefits for Severe Burn.

SEVERE BURN means the cosmetic disfigurement of body surface or area that is a full-thickness or third-degree burn covering at least 20% of the body surface. A full-thickness or third-degree burn is the injury and destruction of skin through the entire thickness or depth of the dermis and possibly to underlying tissue with a loss of fluid and sometimes shock caused by exposure to fire, heat, caustics, electricity, or radiation.

We will pay the applicable Severe Burn Benefit coverage amount shown in the Policy Schedule if the Insured Person incurs a Severe Burn as the result of an Accidental Injury. The Severe Burn must be treated by a Physician within 72 hours after such Accidental Injury.

EXCLUSIONS

We will pay NO benefits for any Accidental Injury or any loss caused or resulting in whole or in part by the following:

1. the Insured Person's suicide or attempt at suicide, or intentional self-inflicted injury or sickness, or any attempt at intentional self-inflicted injury or sickness while sane or insane; or
2. the Insured Person's being under the influence of a controlled substance (unless administered by a Physician and taken according to the Physician's instructions) or illegal drugs or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the Accident occurred); or
3. the Insured Person's commission of or attempt to commit an assault or felony; or
4. the Insured Person's engaging in an illegal activity or occupation; or

5. the Insured Person's voluntary participation in any riot or civil insurrection; or
6. declared or undeclared war, or any act of declared or undeclared war; or
7. the Insured Person's operating, learning to operate, serving as a crew member of, or jumping, parachuting, or falling from an aircraft or hot air balloon, including those which are not motor driven; or
8. the Insured Person's engaging in hang gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or any similar activity; or
9. the Insured Person's riding in or driving any motor driven vehicle in a race, stunt show or speed test; or
10. the Insured Person's practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating, coaching or umpiring, for which such Insured Person receives any compensation or remuneration; or
11. the Insured Person's operating any type of land, water, or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the Accidental Injury occurred; or
12. bacterial infection that was not caused by an Accidental cut or wound; or
13. the Insured Person's driving any taxi for wage, compensation, or profit; or
14. the Insured Person's engaging in mountaineering using ropes and/or other equipment or any similar activity; or
15. any illness, loss, or condition specifically excluded from the definition of any Accident.

PREMIUMS

This Policy is effective for an initial term of one Premium Period, as stated in the Policy Data. It may be renewed by timely payment of the renewal premium. The first premium is due on or before the Effective Date. Each renewal premium is due at the expiration of the period for which the preceding premium was paid. Each renewal premium must be paid on or before its due date, or within the Grace Period. You may pay premiums at Our Home Office. You may, by written request to Us, change the Premium Period for this Policy, subject to Our rules at the time of Your request to change.

GRACE PERIOD

If a premium, other than the first, is not paid by its due date, Your Policy will remain in force for a period of 31 days from the premium due date.

LAPSE

If any premium is not paid before the end of its Grace Period, this Policy will lapse. The date of lapse will be the date on which the unpaid premium was due. Lapse will terminate this Policy unless it is later reinstated. **Your Policy will terminate upon lapse and provide NO further benefits.**

REINSTATEMENT

If Your Policy lapses, You may reinstate it:

- (a) by paying the required premium; and
- (b) if We accept the premium.

The reinstated Policy will cover only losses sustained on or after the date of reinstatement by Us. No Benefit will be payable for any Accidental Injury or loss occurring between the date of lapse and the reinstatement date.

Except for the above and any new provisions We may require for reinstatement, Your rights and Ours under this Policy will be the same as just before this Policy lapsed.

UNEARNED PREMIUM REFUND

If the Insured or the Insured Spouse, if covered under this Policy, dies before the end of a Premium Period for which premium has been paid, We will refund the portion of premium that was applied to coverage for the decedent for the time period beyond the end of the Month in which death occurred.

CLAIMS

NOTICE OF CLAIM

You must provide to Us written notice of loss within 60 days from the date of loss or as soon as reasonably possible, but in no event more than 180 days thereafter. You must provide notice of loss at Our Home Office. Your notice should include the Insured Person's name and Policy Number as shown in the Policy Data.

CLAIM FORMS

When We receive Your notice of loss, We will send You the forms required to file a claim. If these forms are not sent within 15 days, You will have met the proof of loss requirements if You have provided to Us written proof of the occurrence, nature and extent of Your loss within the time allowed for filing proof of loss.

PROOF OF LOSS

You must provide to Us, at Your expense, written proof of loss determined to be satisfactory to Us within 90 days from the date of loss. If it is not reasonably possible for You to provide such written proof of loss within the stated time, Your claim will not be affected if You provide such written proof of loss as soon as is reasonably possible. However, unless You are legally incapacitated, You must provide such written proof of loss no later than 15 months from the date of loss. You must provide to Us any authorizations necessary to obtain medical or other records to verify Your loss.

TIME OF PAYMENT OF CLAIMS

We will pay benefits, upon receipt of Satisfactory Proof of loss.

PAYMENT OF CLAIMS

Except as described in the Medicaid Eligibility provision, all Benefits becoming payable will be paid to You, or to Your Beneficiary in the event of Your death, unless You have assigned the benefits. If We have recorded, at Our Home Office, Your written assignment of benefits, either before or with Your written proof of loss, We can pay all or part of any benefit to a hospital or person that provided medical care or treatment.

If any Benefits are payable to Your estate or to a person who is without legal capacity, We can pay up to \$1,000.00 of Benefits to any relative by blood or connection by marriage whom We determine is entitled to payment. Such payment will discharge Our liability for that payment.

ASSIGNMENT

You may assign the Benefits payable under this Policy. Your rights and those of any other person referred to in this Policy will be subject to the assignment. We are not bound by an assignment unless it is in writing and until a duplicate of the original assignment has been filed at Our Home Office. We assume no responsibility regarding the validity of any assignment or payment made without notice of a prior assignment.

UNPAID PREMIUMS

We will deduct any due and unpaid premium from any claim payment under this Policy.

PHYSICAL EXAMINATION

At Our expense We can require:

- (a) a physical examination to be performed on an Insured Person by a Physician of Our choice in the United States as often as We deem necessary while a claim is pending; or
- (b) an autopsy to be performed after an Insured Person's death, if allowed by law or if this Policy was not issued for delivery in the State of Mississippi.

LEGAL ACTIONS

No legal action may be brought to recover any benefit provided by this Policy until 60 days after the date We receive written proof of loss. No action may be brought after 3 years from the date written proof of loss must have been provided to Us.

GENERAL PROVISIONS

ENTIRE CONTRACT - CHANGES

This Policy and riders or endorsements are the entire contract. This contract is made in consideration of the payment of premiums as required.

No change to this Policy will be valid until approved by one of Our executive officers and unless such approval be endorsed hereon or attached hereto. No agent or other representative has authority to change or waive any Policy provision or extend the time for paying a premium.

MISSTATEMENT OF AGE

If an Insured Person's age is not correct as shown in this Policy, all benefits payable under this Policy will be such as the premium paid would have purchased at the correct age. If the correct age is such that We would not have issued this Policy or an Insured Person's coverage under this Policy would have terminated, We will only be liable for a refund of any premiums paid for the period for which there was no coverage. By Age We mean the attained age as of the Insured Person's last birthday.

INCONTESTABLE

This Policy is incontestable from its Effective Date as to any representation made in connection with the issuance of this Policy.

TIME LIMIT ON CERTAIN DEFENSES

We will not deny or reduce a claim for an Accidental Injury incurred by an Insured Person after two (2) years from the date coverage on the Insured Person becomes effective under this Policy or upon any Reinstatement, on the basis that a disease or physical condition existed prior to the date coverage on the Insured Person becomes effective under this Policy or upon any Reinstatement.

OWNER

The Insured is the Owner of this Policy unless later changed. As Owner, You may exercise all rights in this Policy while the Insured is living. If You are without legal capacity, We will allow Your rights to be exercised by:

- (a) the legally-appointed guardian responsible for Your property; or
- (b) a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You must follow the procedures stated in this Policy. All elections, designations, changes and requests must be made in writing and in a form acceptable to Us.

If You want to change a Beneficiary, change an address or request any other action by Us, You should do so on the forms prepared for each purpose. You may obtain these forms directly from Our Home Office.

BENEFICIARY

Any Beneficiary designated by You according to Our records will receive any Benefits remaining unpaid at Your death. All surviving beneficiaries of the same class will share equally in any payments to that class, unless otherwise designated by You.

If no stated Beneficiary is living at the time of the Insured's death, We, at Our determination, will pay:

- (a) the executor or administrator of the Insured's estate; or
- (b) Your spouse, child or parent of the Insured who We determine is entitled to payment.

CHANGE OF OWNER OR BENEFICIARY

While the Insured is living, You may change:

- (a) the Owner; or
- (b) a Beneficiary designation that is not restricted by a previous designation.

We can require that any change be endorsed on Your Policy. Any change will be effective as of the date the change request was signed, except that it will not apply to any payment We make or any action We take before We record the request in Our Home Office.

EFFECTIVE DATE

This Policy's Effective Date is shown in the Policy Schedule. This Policy will take effect at 12:01 AM (Central Time) on the Effective Date and will terminate at 11:59 PM (Central Time) on the date provided for termination. If this Policy lapses and is reinstated, the Effective Date is as described in the Reinstatement Provision. The Effective Date for any rider adding coverage after this Policy is issued will be as described in that rider.

TERMINATION

This Policy will terminate on the earlier of:

- (a) any premium due date requested by You in writing to terminate this Policy; or
- (b) at the end of the Grace Period, if all or any portion of a renewal premium for this Policy remains unpaid; or
- (c) at the end of the month in which the Insured dies.

Coverage on any Insured Child will terminate as provided in the Insured Child Provision.

TAX CONSEQUENCES

Benefits paid under this Policy may be taxable. If so, You or Your Beneficiary may incur a tax obligation. As with all tax matters, You should consult Your personal tax advisor for more information about how this may affect You.

CONFORMITY WITH STATE STATUTES

Any provision that conflicts with any law of the state where You live when this Policy is issued, is amended to conform with that law.

NONPARTICIPATION

This Policy does not participate in surplus, and its premiums do not include a charge for participation in surplus.

INSURED SPOUSE AND INSURED CHILD(REN)

INSURED SPOUSE

If the words "INSURED SPOUSE" are NOT shown as an "Insured Person" in the Policy Data, this provision does not apply and We will pay NO benefits for Your spouse.

INSURED SPOUSE means only the Insured's spouse named in the Policy Data.

Any coverage on an Insured Spouse will terminate upon termination of this Policy. The termination of coverage on the Insured Spouse will not reduce any liability We may have under this Policy for any claim originating prior to the termination of such coverage. If this Policy is in force when the Insured Spouse dies or the marriage of the Insured Spouse is terminated by a divorce decree, We will reduce the subsequent premium.

INSURED CHILD(REN)

If the words "INSURED CHILD(REN)" are NOT shown as an "Insured Person" in the Policy Data, this provision does not apply and We will pay NO benefits for Your child(ren).

INSURED CHILD means all of the Insured's biological children, legally adopted children, or stepchildren who are dependent on the Insured, and are:

- (a) named by You and are less than 26 years of Age on the Effective Date of this Policy;
- (b) born after the Effective Date of this Policy, and the Insured is named as parent on the child's birth certificate; or

- (c) legally adopted by the Insured after the Effective Date of this Policy and before the child's 26th birthday.

Any child placed in the Insured's home for adoption will be an Insured Child from the date of the filing of a petition for adoption, or the moment of birth if the petition for adoption is filed within 60 days after the child's birth, until the petition for adoption is dismissed or denied.

Coverage on any Insured Child will terminate on the earlier of:

- (a) the date on which this Policy lapses or terminates; or
- (b) the premium due date following the Insured Child's 26th birthday.

The termination of an Insured Child's coverage will not reduce any liability We have under this Policy for any claim originating prior to the termination.

The coverage provided on an Insured Child by this Policy may be continued, so long as the Insured Child is:

- (a) legally incapable of self-sustained employment due to mental or physical incapacity; and
- (b) dependent upon the Insured for support and maintenance.

You must submit satisfactory proof of incapacity and dependency to Us prior to the date on which the coverage on the Insured Child would terminate if he or she were not incapacitated and dependent, and subsequently as We may require, but not more frequently than annually after the two (2) year period following the date coverage on the Insured Child would otherwise have terminated. We may charge an additional premium for continuing the coverage on any Insured Child. We will determine the premium on the basis of the age, premium rate and class in effect for the Insured Child on the date proof of incapacity and dependency is provided.

American General Life Insurance Company

Home Office: 2727-A Allen Parkway, Houston, Texas 77019
(A STOCK COMPANY)
1-800-811-2696

ACCIDENTAL INJURY COVERAGE ONLY OUTLINE OF COVERAGE
Policy Form 12100

Read Your Policy Carefully

This outline of coverage provides a very brief description of the important features of Your Policy. This is not the insurance contract and only the actual policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Your insurance company. It is, therefore, important that You **READ YOUR POLICY CAREFULLY!**

Accidental Injury Coverage Only

The Policy provides Accidental Injury coverage **ONLY** as defined and limited in the Policy. It does **NOT** provide comprehensive medical or hospital insurance, long-term care insurance or nursing home and home care insurance.

Benefits Of The Policy

The Policy will pay the applicable benefits shown on the Summary of Benefits:

- (a) if the Insured Person's loss occurs within 90 days following the Accidental Injury that causes that loss; and
- (b) subject to all Policy definitions, provisions, exclusions, reductions and limitations as described in the Policy for Accidental Death, Dismemberment or Paralysis of an Insured Person while the Policy is in force.

Reductions And Limitations

Benefits will automatically reduce by 50% on the policy anniversary following the Insured Person's attainment of age 70, or after 5 years from the Effective Date, whichever provides the longer period of coverage. Quadriplegia, Paraplegia and Hemiplegia have an Elimination Period of 30 consecutive days for which an Insured Person must be continuously and totally paralyzed prior to being eligible for benefits. No benefits are payable during this period. There is no Elimination Period on other types of Loss.

Guaranteed Renewable - Subject To Change In Premiums By Class.

You may continue the coverage provided by the Policy for life, by payment of the required premiums when they are due. While the Policy is in force, We will not add any restrictive riders or endorsements. We can change the premiums for the Policy. Any premium change will be on a class basis only, as We determine, and will be based on the Insured Person's age on the Effective Date. No change in premiums will be effective until 45 days after We deliver to You, or mail to Your last known address on Our Home Office records, a written notice of such change.

SUMMARY OF BENEFITS

Benefits will automatically reduce by 50% on the policy anniversary following the Insured Person's attainment of age 70, or after 5 years from the Effective Date, whichever provides the longer period of coverage.

Accidental Death Benefit Amount Per Insured	\$ _____
Accidental Death Benefit Amount Per Insured Spouse	\$ _____
Accidental Death Benefit Amount Per Insured Child(ren)	\$ _____

The Policy will pay any applicable benefit amount for one covered loss per accident for each Insured Person who sustains an Accidental Injury. In case an Insured Person sustains multiple Accidental Injuries from the same accident, the Policy will pay the covered loss with the largest benefit amount payable.

Dismemberment and Paralysis benefits are included in the Policy ONLY if such benefits are selected and applicable premiums are paid.

☐ **DISMEMBERMENT BENEFIT AS PERCENTAGE OF ACCIDENTAL DEATH BENEFIT:**

For the Loss Of:	Coverage Amount
Both Hands or Arms	100%
Both Feet or Legs	100%
Sight of Both Eyes	100%
One Hand or Arm and One Foot or Leg	100%
Either One Hand or Arm or One Foot or Leg and Sight of One Eye	100%
Either One Hand or Arm or One Foot or Leg	50%
Sight of One Eye	50%

☐ **PARALYSIS BENEFIT AS PERCENTAGE OF ACCIDENTAL DEATH BENEFIT:**

Diagnosis:	Coverage Amount
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%

The Elimination Period is 30 days for Quadriplegia, Paraplegia and Hemiplegia only. No benefits are payable during this period. There are no Elimination Periods on other types of Loss.

Common Carrier Benefit: If the Policy pays any benefit as a result of an Accidental Injury that occurs when riding as a fare-paying passenger inside a Common Carrier, the Policy will pay an additional benefit equal to two times the benefit amount paid.

Loss of Hearing and Severe Burn benefits are included in the Policy ONLY if such benefits are selected and applicable premiums are paid.

☐ **LOSS OF HEARING BENEFIT AS PERCENTAGE OF ACCIDENTAL DEATH BENEFIT:**

Diagnosis:	Coverage Amount
Total Hearing	100%

☐ **SEVERE BURN BENEFIT AS PERCENTAGE OF ACCIDENTAL DEATH BENEFIT:**

Diagnosis:	Coverage Amount
Severe Burn	100%

EXCLUSIONS

The Policy will pay NO benefits for any Accidental Injury or any loss caused or resulting in whole or in part by the following:

1. the Insured Person's suicide or attempt at suicide, or intentional self-inflicted injury or sickness, or any attempt at intentional self-inflicted injury or sickness while sane or insane; or
2. the Insured Person's being under the influence of a controlled substance (unless administered by a Physician and taken according to the Physician's instructions) or illegal drugs or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the Accident occurred); or
3. the Insured Person's commission of or attempt to commit an assault or felony; or
4. the Insured Person's engaging in an illegal activity or occupation; or
5. the Insured Person's voluntary participation in any riot or civil insurrection; or
6. declared or undeclared war, or any act of declared or undeclared war; or
7. the Insured Person's operating, learning to operate, serving as a crew member of, or jumping, parachuting, or falling from an aircraft or hot air balloon, including those which are not motor driven; or
8. the Insured Person's engaging in hang gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or any similar activity; or
9. the Insured Person's riding in or driving any motor driven vehicle in a race, stunt show or speed test; or
10. the Insured Person's practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating, coaching or umpiring for which such Insured Person receives any compensation or remuneration; or
11. the Insured Person's operating any type of land, water, or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the Accidental Injury occurred; or
12. bacterial infection that was not caused by an Accidental cut or wound; or
13. the Insured Person's driving any taxi for wage, compensation, or profit; or
14. the Insured Person's engaging in mountaineering using ropes and/or other equipment or any similar activity; or
15. any illness, loss, or condition specifically excluded from the definition of any Accident

DEFINITIONS

ACCIDENT OR ACCIDENTAL means a sudden, intervening, unforeseen, unusual and unexpected event which results in an Accidental Injury to the Insured Person and meets all of the following requirements:

1. It is the direct cause of a loss, and is wholly independent of Sickness, bodily infirmity or any other cause, including any physical condition.
2. It is definite as to time and place.
3. It happens involuntarily, or entails unforeseen consequences if it is the result of an intentional act.

4. It is sustained on or after the Insured Person's Effective Date of coverage under the Policy and while the Policy is in force.
5. It directly produces at the time objective findings of an injury which is more than simply a gradual deterioration or progressive degeneration.

ACCIDENTAL INJURY means bodily injury to an Insured Person as the result of an Accident, after coverage under the Policy takes effect and while the Policy is in force, which results in care within 72 hours after the injury is sustained.

COMMON CARRIER means a taxi, school bus, streetcar, bus, train, ship, ferry, or airplane which is duly licensed by the proper authority for the sole purpose of transporting public passengers for a fee for purposes other than the following activities: hang gliding; bungee jumping; parachuting; sailgliding; or parasailing.

DISMEMBERMENT means the loss sustained in an Accidental Injury as follows:

- (a) arm - actual severance above the elbow;
- (b) leg - actual severance above the knee;
- (c) hand - actual severance above the wrist;
- (d) foot - actual severance above the ankle; or
- (e) eye - loss of the eye or permanent vision loss such that central vision acuity cannot be corrected to better than 20/200.

Loss of use does not constitute Dismemberment, except as stated in (e) above.

ELIMINATION PERIOD means the number of consecutive days shown on the Policy Schedule during which an Insured Person must be continuously and totally paralyzed prior to being eligible for any Paralysis benefits. NO Benefits are payable during the Elimination Period.

HEMIPLEGIA means the complete and irreversible Paralysis of the upper and lower Limbs of the same side of the body.

INSURED means the person named as "Insured" in the Policy Data.

INSURED CHILD means all of the Insured's biological children, legally adopted children, or stepchildren who are dependent on the Insured, and are:

- (a) named by You and are less than 26 years of age on the Effective Date of the Policy;
- (b) born after the Effective Date of the Policy, and the Insured is named as parent on the child's birth certificate; or
- (c) legally adopted by the Insured after the Effective Date of the Policy and before the child's 26th birthday.

Any child placed in the Insured's home for adoption will be an Insured Child from the date of the filing of a petition for adoption, or the moment of birth if the petition for adoption is filed within 60 days after the child's birth, until the petition for adoption is dismissed or denied.

(If the words "INSURED CHILD" are NOT shown as an "Insured Person" in the Policy Data, this provision does not apply and the Policy will pay NO benefits for Your child.)

INSURED PERSON means all persons who are indicated as an "Insured Person" in the Policy Data as being covered by the Policy.

INSURED SPOUSE means only the Insured's spouse named in the Policy Data. (If the words "INSURED SPOUSE" are NOT shown as an "Insured Person" in the Policy Data, this provision does not apply and the Policy will pay NO benefits for Your spouse.)

LIMB means the entire arm or entire leg.

PARALYSIS/PARALYZED means spinal cord injuries sustained in an Accidental Injury that results in the loss of use of two or more Limbs:

- (a) for the consecutive number of days in the Elimination Period stated in the Policy Schedule; and
- (b) such loss of use is expected to be permanent. Such paralysis must be confirmed by the Insured Person's attending Physician.

PARAPLEGIA means the complete and irreversible Paralysis of both lower Limbs.

PHYSICIAN means a person who:

- (a) is a legally qualified-practitioner of the healing arts and is licensed in the United States or its territories;
- (b) practices within the scope of his or her license;
- (c) is not the Insured Person;
- (d) is not related to the Insured Person as a spouse, parent, child or sibling; and
- (e) does not customarily reside in the same household as the Insured Person.

QUADRIPLÉGIA means the complete and irreversible Paralysis of both upper and lower Limbs.

Premium Summary

Premiums:	Payable	
		(mode)
Insured	\$	
Insured Spouse	\$	
Insured Child(ren)	\$	
Total Premium	\$	

THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED; THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS AND BENEFITS.

American General Life Insurance Company
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